

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Michael Watson  
Address Post Office Box 964 County \_\_\_\_\_  
Telephone (Work) 228 762 2272 (Home) 228 762 4611 (Fax) 228 762 3223  
Contact Name Carol Watson Email Address mwatson@doganwilkinson.com  
Office Sought State Senate, Dist 51 Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
X January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>22,550.00 + \$ 400.00</u>	<u>\$ 22,550</u>	<u>\$ 22,550</u>
Total amount of disbursements \$	<u>12,171.07 + \$ 983.49</u>	<u>\$ 13,154.56</u>	<u>\$ 13,154.56</u>
Total amount of cash on hand \$		<u>7,292.94</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Michael Watson  
(Signature of Candidate)

1/29/08  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 30 2009

Secretary of State  
Capitol Office

Reporting Period 1/1/2008-12/31/2008

## ITEMIZED RECEIPTS - MICHAEL WATSON

Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Josh R. Gregory	5/10/2008	\$250.00
Mailing Address	138 Waterwood Drive		
City, State, Zip Code	Brandon, MS 39047		
Name of Employer (Required)	Frontier Strategies		
Occupation (Required)	Advertising Executive	Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify: Tony	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Asphalt Contractor PAC	6/20/2008	\$1,000.00
Mailing Address	P.O. Box 904		
City, State, Zip Code	Jackson, MS 39205		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$1,000.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Omega Protein	7/16/2008	\$1,000.00
Mailing Address	2105 City West Blvd, Ste 500		
City, State, Zip Code	Houston, TX 77042		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Independent RX	7/16/2008	\$1,000.00
Mailing Address	4209 Lakeland Dr., Ste. 399		
City, State, Zip Code	Jackson, MS 39232		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	AT&T MS	7/16/2008	\$500.00
Mailing Address	175 E. Capital St.,		
City, State, Zip Code	Jackson, MS 39201		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00



Reporting Period 1/1/2008-12/31/2008

## ITEMIZED RECEIPTS - MICHAEL WATSON

Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Hospitality & Restaurant Assoc.			7/16/2008	\$250.00
Mailing Address	130 Riverview Drive, Ste A				
City, State, Zip Code	Jackson, MS 39232				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Glaxo Smith Kline			8/29/2008	\$500.00
Mailing Address	200 N. 16th Street				
City, State, Zip Code	Philadelphia, PA 19102				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MAE - PAC			9/25/2008	\$500.00
Mailing Address	P.O. Box 39				
City, State, Zip Code	Olive Branch, MS 38654				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Dental Pac			9/25/2008	\$400.00
Mailing Address	400				
City, State, Zip Code	Jackson, MS 39201				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$400.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Power Co. State PAC			9/25/2008	\$500.00
Mailing Address	P.O. Box 4079				
City, State, Zip Code	Gulfport, MS 39502				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00

Reporting Period 1/1/2008-12/31/2008

## ITEMIZED RECEIPTS - MICHAEL WATSON

Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Bail Agents Assn.			10/14/2008	\$1,000.00
Mailing Address	413 S. President St., Ste. 111				
City, State, Zip Code	Jackson, MS 39201				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Bayer			10/14/2008	\$500.00
Mailing Address	100 Bayer Rd.				
City, State, Zip Code	Pittsburgh, PA 15205				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Bayer			12/31/2008	\$500.00
Mailing Address	100 Bayer Rd.				
City, State, Zip Code	Pittsburgh, PA 15205				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	E.I. DuPont De Nemours & Co.			10/28/2008	\$1,000.00
Mailing Address	P.O. Box 80040				
City, State, Zip Code	Wilmington, DE 19880				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Chevron			8/12/2008	\$500.00
Mailing Address	6001 Bollinger Canyon Rd				
City, State, Zip Code	San Ramon, CA 94583				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00

Reporting Period 1/1/2008-12/31/2008

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Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	U.S.T. Co.			8/12/2008	\$500.00
Mailing Address	6 High Ridge Park, Bldg A				
City, State, Zip Code	Stamford, CT 06905				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Motorola			11/17/2008	\$250.00
Mailing Address	P.O. Box 68429				
City, State, Zip Code	Schaumburg, IL 60168				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Pfizer, Inc.			11/17/2008	\$500.00
Mailing Address	235 East 42nd St.				
City, State, Zip Code	New York, NY 10017				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Anheuser - Busch Co.			11/17/2008	\$500.00
Mailing Address	One Busch Place				
City, State, Zip Code	Saint Louis, MO 63118				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Northrop Grumman			11/17/2008	\$1,000.00
Mailing Address	8710 Freeport Parkway, Ste 200				
City, State, Zip Code	Irving, TX 75063				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00



Reporting Period 1/1/2008-12/31/2008

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Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Brian Cooper	11/17/2008	\$500.00
Mailing Address	916 Lily Creek Resort Rd.		
City, State, Zip Code	Jamestown, KY 42629		
Name of Employer (Required)	Tantus Co.		
Occupation (Required)	CEO	Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Check into Cash of MS, Inc.	12/31/2008	\$500.00
Mailing Address	P.O. Box 550		
City, State, Zip Code	Cleveland, TN 37364		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS AGC PAC	7/7/2008	\$500.00
Mailing Address	P.O. Box 12615		
City, State, Zip Code	Jackson, MS 39236		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Tower Loan	7/7/2008	\$500.00
Mailing Address	P.O. Box 320001		
City, State, Zip Code	Jackson, MS 39232		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	First Tower Corp.	7/7/2008	\$500.00
Mailing Address	P.O. Box 6000		
City, State, Zip Code	Jackson, MS 39288		
Name of Employer (Required)			
Occupation (Required)		Aggregate year-to-date	\$500.00

Reporting Period 1/1/2008-12/31/2008

## ITEMIZED RECEIPTS - MICHAEL WATSON

Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Comcast			7/7/2008	\$1,000.00
Mailing Address	1701 John F. Kennedy Blvd				
City, State, Zip Code	Philadelphia, PA 19103				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MS Physicians			7/7/2008	\$1,000.00
Mailing Address	404 West Parkway Pl.				
City, State, Zip Code	Ridgeland, MS 39157				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	MMHA VPAC			7/7/2008	\$250.00
Mailing Address	P.O. Box 320369				
City, State, Zip Code	Jackson, MS 39232				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Swisher Int.			7/7/2008	\$500.00
Mailing Address	P.O. Box 2230				
City, State, Zip Code	Jacksonville, FL 32203				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	John W. Palmer			7/7/2008	\$1,000.00
Mailing Address	P.O. Box 3747				
City, State, Zip Code	Jackson, MS 39207				
Name of Employer (Required)	self-employed				
Occupation (Required)				Aggregate year-to-date	\$1,000.00

Reporting Period 1/1/2008-12/31/2008

## ITEMIZED RECEIPTS - MICHAEL WATSON

Source:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Spectra Energy Corp.			7/7/2008	\$1,000.00
Mailing Address	5400 Westheimer Court				
City, State, Zip Code	Houston, TX 77056				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	LEN PAC			7/7/2008	\$500.00
Mailing Address	3 Lakeland CR, Ste 201				
City, State, Zip Code	Jackson, MS 39216				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Pascagoula Bar Pilots			7/7/2008	\$1,000.00
Mailing Address	P.O. Box 2156				
City, State, Zip Code	Pascagoula, MS 39569				
Name of Employer (Required)					
Occupation (Required)				Aggregate year-to-date	\$1,000.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Maria Becker			7/7/2008	\$250.00
Mailing Address	P.O. Box 16883				
City, State, Zip Code	Jackson, MS 39236				
Name of Employer (Required)	Capital Resources				
Occupation (Required)	Consultant			Aggregate year-to-date	\$250.00
Source:	<input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	C. Stevens Seale			7/7/2008	\$250.00
Mailing Address	1921 Eastbourne Place				
City, State, Zip Code	Jackson, MS 39211				
Name of Employer (Required)	Wise Carter				
Occupation (Required)	Atty			Aggregate year-to-date	\$250.00



Name of Candidate or Committee

Michael Watson

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Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/11/08	\$ 500.00
Mailing Address		12/11/08	\$
City, State, Zip Code		12/11/08	\$
Name of Employer (Required)		12/11/08	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/11/08	\$
Mailing Address		12/11/08	\$
City, State, Zip Code		12/11/08	\$
Name of Employer (Required)		12/11/08	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/11/08	\$
Mailing Address		12/11/08	\$
City, State, Zip Code		12/11/08	\$
Name of Employer (Required)		12/11/08	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/11/08	\$
Mailing Address		12/11/08	\$
City, State, Zip Code		12/11/08	\$
Name of Employer (Required)		12/11/08	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Michael Watson

Reporting period

1/31/08

through

12/31/08

# ITEMIZED DISBURSEMENTS

A. Full name <u>Senior Escape Night, ECHS</u>		Date (Mo., Day, Year) <u>4/23/08</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address		<u>4/23/08</u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name <u>Michael Watson</u>		Date (Mo., Day, Year) <u>6/16/08</u>	Amount of each disbursement this period \$ <u>1368.38</u>
Mailing Address		<u>6/16/08</u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Expense Reimbursements</u>		Aggregate Year-to-date	\$ <u>1368.38</u>
C. Full name <u>Roger Wicker for Senate</u>		Date (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	Amount of each disbursement this period \$ <u>1000.00</u>
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1000.00</u>
D. Full name <u>Murphy Turner &amp; Associates</u>		Date (Mo., Day, Year) <u>7/7/08</u>	Amount of each disbursement this period \$ <u>4,116.46</u>
Mailing Address <u>816 Congress Ave, Ste 1160</u>		<u>7/7/08</u>	\$
City, State, Zip Code <u>Austin, TX 78701</u>		<u>7/18/08</u>	\$ <u>1,811.23</u>
Purpose of Disbursement (Optional) <u>Fundraising/Campaign Work</u>		Aggregate Year-to-date	\$ <u>5,927.69</u>
E. Full name <u>Junior Auxiliary</u>		Date (Mo., Day, Year) <u>8/1/08</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address		<u>8/1/08</u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Charity Bail</u>		Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name <u>American Legislative Exchange Council</u>		Date (Mo., Day, Year) <u>8/12/08</u>	Amount of each disbursement this period \$ <u>375.00</u>
Mailing Address		<u>8/12/08</u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Registration</u>		Aggregate Year-to-date	\$ <u>375.00</u>



Name of Candidate or Committee Michael Watson  
Reporting period 1/1/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name <u>Clear Channel Radio</u>	Date (Mo., Day, Year) <u>11/13/08</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional) <u>Advertisement / Bikes or Bust</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>
B. Full name <u>Bread of Life</u>	Date (Mo., Day, Year) <u>11/16/08</u>	Amount of each disbursement this period \$ <u>2000.00</u>
Mailing Address		
City, State, Zip Code <u>Gautier, MS</u>		\$
Purpose of Disbursement (Optional) <u>donation</u>	Aggregate Year-to-date	\$ <u>2000.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$